File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

## Reset Form

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510 E. 12", Ste. 1A	İ			1A ETHIOD AND	
Des Moines, Iowa 50319 Fax: 515-281-4073		ONS, SEE BACK OF FORM		!A ETHICS AND	
	4	SUMMARY PAGE		PM 1-1=	
	e same as on Statement of Org	yanization)		ZUUY JAN 13 AM 11: (	
Gaskill for State Represent				FORM  DR-2 DISCLOSURE	
(1)Statewide/Legislative/Judge (4)County Central Committee (5)	of committee you are reporting for Standing for Retention Candidate 5 )County Candidate (6 )City Cand ty PAC (9)City PAC (10)School	: [] (2)State PAC (3)State Party didate (7)School Board or Other Politica Board or Other Political Subdivision PAC	(Re	Office Use Only	
CANDIDATE COMMITTEES	ONLY:			nm.#	
Candidate Name Mary Gaskill		Political Party (if applicable)	4 )	anned	
		Democrat		mputer	
Office Sought State Representative		District (if Senate or House)	Aud	Audited	
SIGNATURE OF PERSON FIL	2 Kern	ursuant to lowa Code sections 68B.32/			
AM FILING A		REPORT FOR (1) ELECTION	/( <u>2)</u> NON-EI	LECTION YEAR.	
(re	eport date)	Indicate by:	# 1		
CHECK IF AMENDMENT TO	O REPORT DATED		Local Commi	ittees, enter Date of Election	
	o file reports until a DR-3 is filed		which Election	cal Committees, enter County in on is held	
STATEM	ENT OF CASH ON HAN	D			
committee. This amo	ning of the reporting period. (To ount <b>MUST</b> be the same as the eriod or must be zero if this is f	otal of all funds held by the cash on hand at the end irst report filed.)	\$	6,122.03	
	TAKEN IN THIS PERIOD	,	· · · · · · · · · · · · · · · · · · ·		
Schedule A: Cash Co	ontributions total (Attach Sched	lule A) (*also see in-kind below)	•••••	300.00	
Schedule F: Loans R	leceived total (Attach Schedule	F)			
Schedule H: Total Sa	ales of Campaign Property (Atta	ach Schedule H)			
(Schedule H	l applies to Candidates' Com	mittees Only)		C 400 00	
		SUB-TOTAL	\$	6,422.03	
	MONEY SPENT THIS PERIOD			1 101 06	
		(**also see debts and loans below).		1,101.96 4,000.00	
Schedule F: Loan Re		(A F)		7,000.00	
	epayments total (Attach Schedu			1 220 07	
		port balance must be zero)	\$	1,320.07	
ASH ON HAND at the end of	this reporting period (if final rep			1,320.07	
ASH ON HAND at the end of UNPAID BILLS (From Sched	this reporting period (if final reporting D - Attach Schedule D)	port balance must be zero)	\$	0.00	
ASH ON HAND at the end of UNPAID BILLS (From Sched N KIND CONTRIBUTIONS (FOUTSTANDING LOANS (Fro	this reporting period (if final reporting D - Attach Schedule D) From Schedule E - Attach Schedum Schedule F - Attach Schedum	port balance must be zero)	\$	0.00	
ASH ON HAND at the end of UNPAID BILLS (From Sched N KIND CONTRIBUTIONS (FOUTSTANDING LOANS (Fro	this reporting period (if final reporting D - Attach Schedule D) From Schedule E - Attach Schedum Schedule F - Attach Schedum	oort balance must be zero)dule E)	\$	0.00	
ASH ON HAND at the end of UNPAID BILLS (From Sched N KIND CONTRIBUTIONS (FOOUTSTANDING LOANS (FROM ONSULTANT BREAKDOWN ANDIDATE COMMITTEES O	this reporting period (if final reporting period (if final reporting D - Attach Schedule D - Attach Schedule E - Attach Schedule F - Attach Schedul (Schedule G Attached?)	dule F)	\$	0.00 0.00 0.00	

## For Instructions, See Back of Form

### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization) Gaskill for State Representative

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/29/08	ID# <sub>8026</sub> CK# <sub>18710</sub>	I.B.E.W. Educational Committee 900 Seventh Street NW Washington, DC 20001	none	\$200.00	INCOME
11/04/08	ID# 9659 CK# 1577	Federation of Iowa Insurers P.O. Box 1756 Des Moines, IA 50306	none	100.00	
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			SUB-TOTAL	200.00	
		TOTAL (if last page	e of this schedule)	\$ 300.00	
Dieclosura laur m	auima aandidata aa	to displace the relationship of any solution of	·	\$ 300.00	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM	<b>FOR</b>	INSTR	<b>UCTIONS</b> .	SEE BACK	OF FORM
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Reset Form

# EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
CHECK THIS BOX IF	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaskill for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/29/08	ID# CK# <sub>1164</sub>	IDP Truman Fund 5661 Fleur Drive Des Moines, IA 50321	Donation	\$ 1,000.00
10/31/0/8	ID# CK#	South Ottumwa Savings Bank 320 Church Street Ottumwa, IA 52501	Bank Charges	3.30
11/30/08	ID# CK#	South Ottumwa Savings Bank 320 Church Street Ottumwa, IA 52501	Bank Charges	2.41
12/14/08	ID# CK# <sub>1165</sub>	Domain Renewal Group 2316 Delaware Avenue #266 Buffalo, NY 14216	Web Page Name Renewal	50.00
12/31/08	ID# CK# <sub>1167</sub>	Jim Gaskill 509 East 4th Street Ottumwa, IA 52501	Reimbursement 1/4 of Computer costs	43.99
12/31/08	ID# CK#	South Ottumwa Savings Bank 320 Church Street Ottumwa, IA 52501	Bank Charges	2.26
	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$ 1,101.96

TOTAL (if last page of this schedule)

1,101.96

\$ 1,101.96

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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COMMITTEE NAME(Must be same as on Statement of Organization) Gaskill for State Representative	SCHEDULE F (Rev. 02/08)	LOANS RECEIVED & REPAID
NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.  TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 4,000.00	CHECK 1	THIS BOX IF IG FORM

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$
		TOTAL (PART I)	\$ 0.00

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD (Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
12/22/2008	Mary Gaskill 509 E 4th Street Ottumwa, IA 52501	self	\$ 4,000.00

TOTAL CASH REPAYMENTS (PART II)	\$ <u>4,000.00</u>
From Schedule E TOTAL LOANS FORGIVEN	\$ 0.00
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD	<b>\$</b> 0.00

\*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

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	(for Schedule F)